



Patent
Attorney Docket: 032,290-092
(formerly 412692000403)

Ifw
2605

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of:

SIRIMANNE et al.

Serial No.: 09/869,282

Filed: June 18, 2002

For: DEVICE AND METHOD FOR SAFE
LOCATION AND MARKING OF A
CAVITY AND SENTINEL LYMPH NODES

Group Art Unit: 2605

Examiner: Not yet assigned

STATUS INQUIRY

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

No office action or other communication on the above application has been received since the FILING RECEIPT, mailed on August 27, 2002.

Attached is a copy of the Power of Attorney by Assignee of Entire Interest and Revocation of Prior Powers and receipt verification postcard, as received by the USPTO on January 28, 2005. No acceptance of said Power of Attorney has been received. Applicant respectfully requests to be informed of the status of the application.

CERTIFICATE OF MAILING (37 C.F.R. §1.8a)

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March 9, 2005

Date of Deposit
IR1:1063212.1

Cynthia B. Pacheco
Cynthia B. Pacheco

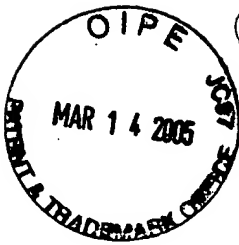
Please direct your response to the undersigned.

Respectfully submitted,
O'MELVENY & MYERS LLP

Dated: March 9, 2005

By: Diane K. Wong
Diane K. Wong
Attorneys for Applicant
Reg. No. 54,550

O'Melveny & Myers LLP
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FILE COPY

OMM Docket Nos.

032,290-087
032,290-088
032,290-090
032,290-091
032,290-092
032,290-093
032,290-094
032,290-095
032,290-096
032,290-101
032,290-102
032,290-103
032,290-104
032,290-105

Applicant: Ethicon Endo-Surgery, Inc.

Attorney: JCK/cp
Docket No.: multiple

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1. Power of Attorney by Assignee of Entire Interest and Revocation of Prior Powers (14 copies)
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Date of Deposit: January 25, 2005
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IR1:1061819.1

Applicant: Ethicon Endo-Surgery, Inc.

Attorney: JCK/cp
Docket No.: multiple

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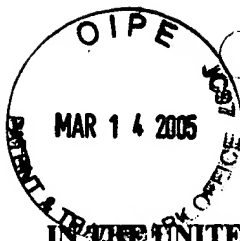
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**POWER OF ATTORNEY BY ASSIGNEE OF ENTIRE INTEREST
AND REVOCATION OF PRIOR POWERS**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

I, Gerry S. Gressel, Assistant Secretary, of Ethicon Endo-Surgery, Inc., as representative of the Assignee of record of the entire interest of all applications listed below, hereby revoke all powers of attorney previously given and appoint the following attorneys and/or agents to prosecute and transact all business in the United States Patent and Trademark Office, and in countries other than the United States, and to do all things necessary or appropriate therefore before any competent International Authorities in connection with any international patent application(s) corresponding to the below-identified applications.

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John Kappos	37,861
Polaphat Veravanich	45,179
Diane K. Wong	54,550

CERTIFICATE OF MAILING (37 C.F.R. §1.8a)

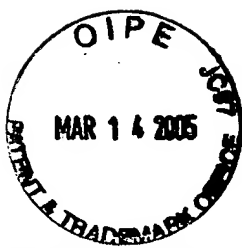
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IR1:1059939.2



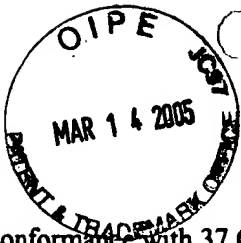
Patent

Please send all correspondence to the attention of John Kappos, at Customer Number 34263, and direct all telephone calls to John Kappos at (949) 737-2900.

34263
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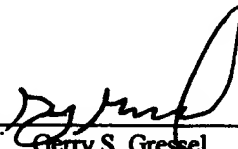
U.S. Serial No./ Patent No.	U.S. Filing Date	First-Named Inventor	Reel	Frame	Recordation Date	OMM Docket
6,605,047	09/10/2001	Zarins	012651 015460	0994 0497	02/13/2002 12/16/2004	032,290-095
6,371,904	07/02/1999	Sirimanne	010352 014027 015460	0369 0600 0497	10/29/1999 10/07/2003 12/16/2004	032,290-088
6,356,782	04/02/1999	Sirimanne	010221 015460	0258 0497	09/10/1999 12/16/2004	032,290-087
09/805,652	03/13/2001	Sirimanne	010221 015460	0258 0497	09/10/1999 12/16/2004	032,290-090
09/869,282	06/18/2002	Sirimanne	014030 015460	0471 0497	10/07/2003 12/16/2004	032,290-092
10/114,712	04/01/2002	Sirimanne	010221 015460	0258 0497	09/10/1999 12/16/2004	032,290-091
10/856,489	05/28/2004	MacFarlane	013946 015460	0053 0497	09/04/2003 12/16/2004	032,290-094
10/639,050	08/11/2003	Zarins	012651 015460	0994 0497	02/13/2002 12/16/2004	032,290-096
10/960,618	10/06/2004	Sirimanne	010221 015460	0258 0497	09/10/1999 12/16/2004	032,290-101
10/960,622	10/06/2004	Sirimanne	010221 015460	0258 0497	09/10/1999 12/16/2004	032,290-102
10/961,491	10/07/2004	Sirimanne	010221 015460	0258 0497	09/10/1999 12/16/2004	032,290-104
10/961,979	10/08/2004	Sirimanne	010221 015460	0258 0497	09/10/1999 12/16/2004	032,290-103
10/961,591	10/08/2004	Sirimanne	010221 015460	0258 0497	09/10/1999 12/16/2004	032,290-105
60/476,533	06/06/2003	MacFarlane	013946 015460	0053 0497	09/04/2003 12/16/2004	032,290-093

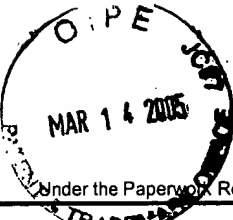


Patent

In conformance with 37 C.F.R. §3.73(b), I hereby certify that all documents in connection with the chain of title for each of the above applications have been reviewed, and to the best of my knowledge, all right, title and interest is in Ethicon Endo-Surgery, Inc.

Dated: Jan 24, 2005

By: 
Gerry S. Gressel
Assistant Secretary
Ethicon Endo-Surgery, Inc.



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/869,282	
	Filing Date	June 18, 2002	
	First Named Inventor	SIRIMANNE et al.	
	Art Unit	2605	
	Examiner Name	Not yet assigned	
Total Number of Pages in This Submission	2	Attorney Docket Number	032,290-092 (formerly 412692000403)

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Copy of Power of Attorney (and receipt verification postcard);
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	and Receipt verification postcard
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	O'Melveny & Myers LLP	
Signature	<i>Diane K. Wong</i>	
Printed name	Diane K. Wong	
Date	March 9, 2005	Reg. No. 54,550

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Signature	<i>Cynthia B. Pacheco</i>	
Typed or printed name	Cynthia B. Pacheco	Date March 9, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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